

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90365 001 \*\*\*300.00

DOCUMENT # P02000015475

1. Entity Name  
SKYLINE OF TALLAHASSEE, INC.



Principal Place of Business  
106 E. COLLEGE AVE., STE. 1200  
TALLAHASSEE FL 32301

Mailing Address  
106 E. COLLEGE AVE., STE. 1200  
TALLAHASSEE FL 32301



2. Principal Place of Business  
1312 W Tennessee St  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1466  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Tallahassee FL  
Zip  
32304  
Country

City & State  
Tallahassee FL  
Zip  
32302  
Country

4. FEI Number  
14-1844764  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LOVETT, JOHN C  
106 E. COLLEGE AVE., STE. 1200  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	LOVETT, JOHN C	106 E. COLLEGE AVE., STE. 1200	TALLAHASSEE FL 32301	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President/Director	David Barnett	981 Parkview Dr	Tallahassee FL 32311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sec. Director	Kathy Barnett	981 Parkview Dr	Tallahassee FL 32311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Melissa Barnett	981 Parkview Dr	Tallahassee FL 32311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Gregory Barnett	981 Parkview Dr	Tallahassee FL 32311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03 850 878 0461

Date

Daytime Phone #

CR2E034 (10/02)